Substitute for form 1449/PTO				Complete if Known		
Sut	stitute for form 1449/P1O			Application Number	10/564,348	
IN	IFORMATION	ı DI	SCLOSURE	Filing Date	January 12, 2006	
STATEMENT BY APPLICANT				First Named Inventor	Toshifumi KUBOTA	
٠	I A I E III E I		a i Liozari	Art Unit	3725	
	(Use as many sh	eets as	s necessary)	Examiner Name	Edward Thomas Tolan	
Sheet	1	of	1	Attorney Docket Number	350292002800	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS						
Examiner	Cite	Foreign Patent Document	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages	
Initials*	No.	Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)		Applicant of Cited Document	or Relevant Figures Appear	T <sup>6</sup>
	1.	JP-06-179030	06-28-1994	Retsukisu Kogyo KK	Translation of	П
					Abstract.	

EXAMINER: hittal if information considered, whether or not claidon is in conformance with MPEP 699. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant. "Applicants undue claidon designation number (opticinal)." See Kinds Codes of the Co

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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, calalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²			

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